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APPLICANTS

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** CONTINUING DATA ***** (NONE) *LHA*

** FOREIGN APPLICATIONS ***** (NONE) *LHA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Larry J. ...</i>	Initials <i>LHA</i>		

ADDRESS

32205
 PATTI & BRILL
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TITLE

Peripheral hub for mobile phones

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 856		<input type="checkbox"/> 1.16 Fees (Filing)
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